



KRM LOUISVILLE: INTERN APPLICATION

PLEASE FILL OUT ALL FIELDS COMPLETELY. IF EXACT HOURS AND START DATES ARE NOT KNOWN, PLEASE PROVIDE AN ESTIMATE. INTERNS ARE ACCEPTED ON A ROLLING BASIS.

GENERAL INFORMATION Name: _____ Today's Date: ____ Address: _____ City, State: ____ ZIP Code: Phone: _____Alt. Phone (optional): _____ E-mail Address: ____ Do you have transportation? \(\subseteq \text{Yes} \subseteq \text{No} \) Do you have a driver's license? \(\subseteq \text{Yes} \subseteq \text{No} \) Are you comfortable with utilizing public transit with clients if trained to do so and applicable to your role? Yes No Emergency Contact Name: _____ Relationship: _____ Emergency Contact Phone: _____ **AVAILABILITY** Please list your availability to intern each day (start and end time): Monday Tuesday _:_ - _:_ Wednesday _:_ - _:_ Thursday Friday __:__ - __:__ Other Availability notes (optional): _____

YOUR INTERNSHIP INFORMATION

University Name/Program Name (if any):	
Hours per week desired: (minimum of 8	8)
Total Number of hours desired: (minim	num of 80)
Approximate Start Date: End Date:	(Please do not leave these fields blank!)
*Minimum duration of 8 weeks required for	all internships.
Motivation for internship/Personal Stateme	nt:
Special Skills and Interests (eg: clerical/data en	try, computer program/ database experience, tutoring/mentoring,
event planning, certifications):	
Language skills?	
If yes, please share the language/s you spea	k and level of competence
ii yes, piease share the languagers you spea	k and level of competence.
Relevant Coursework:	
Ar.	eas of Interest
Please mark the prog	gram area(s) you are interested in:
☐ Cuban/ Haitian Case Management	☐ Mental Health Services
☐ Donation Services	☐ Outreach/Development/Events/Arts &
☐ Elder Program	Cultural Programming
☐ Employment Services	☐ Rise Up Educational Access Program
☐ ESL Services	(Summer only)
☐ Family Center/ Early Childhood	Social Services Case Management
☐ Finance Intern	☐ Transportation Access
☐ Family and Youth Services	☐ Victim's Advocate
☐ Immigration Legal Services	
☐ Medical Services	

Please return completed form, resume, and background check to:

Adrienne Eisenmenger Program Leader <u>aeisenmenger@kyrm.org</u> (502)-479-9180 x573